

# STANDARD AUTHORIZATION OF USE & DISCLOSURE OF PHI

**Lynn Alan Palmer, D.D.S.**

9090 Gaylord Drive, Suite 208  
Houston, TX 77024-2948

## Information to be Used or Disclosed

The information covered by this authorization includes: permission to contact me and leave a message to confirm my appointment(s) via e-mail, texting, work, landline and / or cell phone numbers given to Lynn A. Palmer, D.D.S.

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(Name of person or organization)

## Purpose of the Disclosure: PHI disclosure / confirming appointments.

Will this information be used for marketing?  Yes  No

Has this information been previously de-identified?  Yes  No

## Persons Authorized to Use or Disclose the Above Information: Currently employed staff of Lynn A. Palmer, D.D.S.

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(Name of person or organization)

## Persons to Whom Information May Be Disclosed: Answering machine, voicemail, family members, employees or other specified individuals.

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(Name of person or organization)

## Expiration Date of Authorization

The authorization is effective through (check one)  \_\_\_ / \_\_\_ / \_\_\_ or  NO Expiration, unless revoked or terminated by the patient or the patient's personal representative.

## Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to our office. You should contact the HIPAA Compliance Officer to terminate this authorization.

## Potential for Re-disclosure

Information that is disclosed under this authorization may be re-disclosed by the person or organization to which it is sent. The privacy of this information may not be protected under the Federal Privacy Rule depending on whom the information is disclosed to.

Our practice will not condition treatment, payment, enrollment, or eligibility for benefits on whether the individual signs this authorization.

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Name of Patient

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Signature of Patient

Date

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Signature of Patient Representative (if applicable)

Date

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Relationship of Patient Representative to Patient (if applicable)